<u> </u>						
COMBINED (Includes Refer	DECLARATION FOr rence to PCT Internation	R PATENT APPLICATION Annual Applications)	AND POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER		
As a below named inventor, I hereby declare that:						
My reside	My residence, post office address and citizenship are as stated below next to my name.					
I believe I names are	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
	SSTITUTED PYRAZOI CAL DISORDERS	ES AS 5-HT RECEPTOR ANTA	AGONISTS FOR THE TREATMENT OF	PSYCHOSES AND		
the specifi	cation of which (check	only one item below):				
	is attached hereto.	•		-		
	was filed as United Sta	ites application				
	Serial No			:		
	on					
	and was amended					
	on (if applicable	e).		٠,		
	was filed as PCT inter	national application				
	Number PCT/EP2004	002354	•			
	on <u>08.03.2004</u> ,	• • .	•			
	and was amended und	er PCT Article 19				
	on (if applicabl	e)				
I hereby s amended	tate that I have reviewe by any amendment refer	d and understand the contents of red to above.	the above-identified specification, include	ling the claims, as		
I acknowl	edge the duty to disclos	e information which is material	to patentability as defined in 37 CFR § 1 ne available between the filing date of the pr	1.56, including for		
the nation	al or PCT international	filing date of the continuation-in-	part application.			
I hereby c	laim priority benefits ur	der Title 35, United States Code,	§ 119 or 365 (b) of the following United r's certificate or 365(a) of any PCT internations	States provisional		
designatir	g at least one country of	her than the United States of Ame	erica listed below and have also identified ional application(s) designating at least one	below any foreign		
the United	l States of America filed	by me on the same subject matter	having a filing date before that of the appl	ication(s) of which		
priority is claimed:						
	COUNTRY	GN/PCT APPLICATION(S) AND AN APPLICATION NUMBER	Y PRIORITY CLAIMS UNDER 35 U.S.C. 11 DATE OF FILING	PRIORITY CLAIMED		
(if PC	Γ, indicate *PCT*)	10315573.2	(day, month, year) 05.04.2003	UNDER 35 USC 119 YES NO		
				YES NO		
				YES NO		
				YES NO		
				YES NO		
POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso						
(27,969); Alan E.J. Branigan (20,365); John R. Moses (24,965), Harry B. Shiddin (32,004), Broth F. Healiey (32,342), Richard J. Havelso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer J. Branigan (40,921); Robert E. McCarthy, (46,044); Jonathan G. Brown (47,451); and Csaba Henter (50,908) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.						
Send Correspondence to:Customer No. 23599 Telephone No. 703/243-6333 Direct Telephone Calls to:						



23599
PATENT TRADEMARK OFFICE

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

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2 0 1	FULL NAME OF INVENTOR SCHIEMANN		FIRST GIVEN NAME Kai	SECOND GIVEN NAME	
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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP-CODE/COUNTRY
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 1 0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2 1 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
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SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
Olivo Chad	05.08.05	í	
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
Crau chusterelan	05.02.05		
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
Chiragh Sign	70,80,70		
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
1			
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE